

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

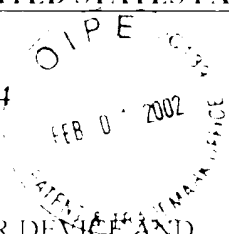
Applicant(s): ITO et al.

Application No.: 09 865,704

Filed: May 29, 2001

Title: SEMICONDUCTOR DEVICE AND
MANUFACTURING METHOD OF THE
SAME

Attorney Docket No.: 01-149



Group Art Unit: 2826

Examiner: Mondt, J.

February 1, 2002

CERTIFICATE OF HAND DELIVERY

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Typed Name: KERRY S. CULPEPPER

Signature: 

RESPONSE TO RESTRICTION/ELECTION REQUIREMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to a Restriction Election requirement mailed on January 14, 2002 in connection with the above application, Applicant hereby elects the claims in Group I (claims 1 - 14) without traverse.

Examination of the present application in view of the above election is respectfully requested.

Please charge any necessary fees to Deposit Account 50-1147.

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Washington, D.C. 20036
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Customer No. 23400

Respectfully submitted,



Kerry S. Culpepper
Reg. No. 45,672

TRANSMITTAL FORM

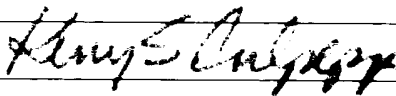
(to be used for all correspondence after initial filing)

Application Number	09/865,704
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First Named Inventor	ITO et al
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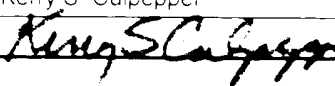
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Office of David G. Posz
Signature	
Date	February 1, 2002

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Type or printed name	Kerry S. Culpepper		
Signature		Date	February 1, 2002